

12. At any time will your employees, subcontractors, or owner-operators lease vehicles in your name? Yes No

a. If yes, explain: _____

13. Do you arrange loads for others, not including your own hired truckers? Yes No

a. If yes, explain: _____

b. Are you named on the Bills of Lading? Yes No

c. Annual number of Truckers: _____ Loads: _____

14. Do you have motor carrier brokerage authority? Yes No

a. If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No

b. What is your motor carrier brokerage number? _____

c. Whose name appears on the bill of lading as the carrier? _____

d. What is your brokerage revenue for the most recent twelve (12) months? _____

e. Estimated next twelve (12) months: _____

15. Gross Receipts: Past years \$ _____ Estimate for coming year \$ _____

a. Are drivers to be provided by the insured to operate hired autos? Yes No

b. If no, will the drivers be required to provide Certificates of Insurance? Yes No

c. Whose name appears on the bill of lading as the carrier? _____

d. What are the minimum liability limits required by the lessee (named insured)? _____

16. Does the insured own or control any subsidiary or is it affiliated with any other corporation? Yes No

a. If yes, are vehicles leased from that subsidiary or affiliate? Yes No

b. What is the business of the subsidiary or affiliate? _____

17. Are ICC or state regulatory filings required? Yes No

Does the insured have an ICC broker's authority or provide a brokerage service? Yes No

Does the insured understand that we intend to audit his records regarding the cost of hire? Yes No

Is the premium financed? Yes No

NON-OWNED AUTO INFORMATION

1. Why is non-ownership liability coverage being requested?

2. What types of non-owned autos will be used in your business? _____

a. Total number of non-owned autos used: _____ How will they be used? _____

3. How often are non-owned autos used in your business? Daily Weekly Monthly Other: _____

a. Estimate the number of hours per month: _____

b. Estimated annual mileage for use of all non-owned autos: _____

4. Do any employees use their autos in your business? Yes No

a. If yes, what limit of liability insurance are they required to maintain? _____

b. Do you require evidence of insurance? Yes No

5. Will you use non-owned autos other than those owned by employees? Yes No

a. If yes, describe the relationship: _____

6. Total number of employees: _____ Total number of officers and partners: _____

7. Do you obtain motor vehicle records for all employees and volunteers? Yes No

8. What is the maximum distance which a non-owned auto may be driven from the insured's premises? _____ Miles.

Do your employees lease autos on insured's behalf? Yes No

a. If yes, under whose name are autos leased? Employees Insured

Do you understand that we may audit your records for Hired & Non-Owned auto exposure, which might result in an additional premium? Yes No

I certify that the above information is true, based on Company Records.

(Printed Name)

(Title)

(Signature)

(Date)